

## $\label{eq:arizona} \textbf{ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES}$

4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844

Phoenix Metro assistance: (623) 463-9946 Outside Phx Metro: 1-800-277-6675

FAX: 602-255-1950

## **DEPUTY PUBLIC WEIGHMASTER APPLICATION**

LICENSE FEE = no charge

## Website: http://www.weights.az.gov PLEASE PRINT

APPLICANT NAME:		BII	RTH DATE:	(Must be at least 18 years old)
PUBLIC WEIGHMASTER:			PUBLIC W	EIGHMASTER LICENSE #:
BUSINESS NAME:			PHONE:	FAX:
BUSINESS ADDRESS:			CITY:	ZIP:
PHYSICAL LOCATION:			·	
SCALE OWNER INFORMATIO SCALE OWNER NAME:	N (if different from business name above):	BMF#:	ADDRESS:	
SCALE TYPE (check one):	VEHICLE SCALE	OTHER		
DECK/PLATFORM SIZE:		CAPACITY: .	lbs x	]
DESCRIBE TOOK EAR EMERK	CE IN THE USE OF THE SCALE INDICATED ABO	<b></b>		
Weighmaster duties. This is to d	r Public Weighmaster to have a valid Deputy Public certify that I have full knowledge of Title 41, Chapte lations relating to Weighmaster and will, upon licen	er 15 and Arizona Administrative C	ode Title 20, chapter 2 as it	· ·
, ,	3 3	•	3	DEPT USE: Test Date:
				Score:
APPLICANT SIGNATURE:		DATE:		License Issued: